MEDICAL LIEN AGREEMENT

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Patient”) do hereby authorize and direct my attorney to pay directly to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Provider”) such sums of monies as may be due and owing to them arising out of the \_\_\_\_\_\_\_\_\_\_ motor vehicle accident for:

(a) medical services rendered to me for injuries sustained and/or,

(b) any other services, supplies, or reports, and/or

(c) legal medical

I hereby grant Provider a lien on my claim against any and all proceeds of any PIP settlement or judgment which may be paid on my behalf as the result of the injuries for which I have been treated for/or other related services. I instruct my attorney to withhold such sums from any PIP settlement or judgment as may be necessary to adequately protect and pay for my treatment.

I waive my right to contest and/or otherwise make any legal objections as to the appropriateness of this agreement. I understand this agreement is governed by the laws of the State of Michigan.

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print/Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address, City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ATTORNEY ACKNOWLEDGEMENT

Attorney for the above client (patient), agrees to observe these terms to withhold such sums from PIP settlement or judgment as necessary to protect the medical care providers and to promptly pay such sums to them upon receipt of payment of any settlement or judgment without demand pursuant to MCL 500.3112.

Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attorney’s Signature

Print/Type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bar. No.: P\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Law Firm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_